

Montana Medicaid Claim Jumper

Mental Health Update

The Mental Health Services Bureau now has regularly updated statistical reports available on the AMDD web pages. They can be found on the DPHHS web site (www.dphhs.state.mt.us), under the AMDD Division. Follow the *Medicaid Mental Health & Mental Health Services Plan* link to *Mental Health Services Statistical Reports*. The reports include monthly reports of services, payment amounts, utilization and penetration rates by state, county, provider, Service Area Authority, and type of service. There is also a summary report that includes MHSP pharmacy utilization. If you have any questions, please E-mail Bobbi Renner at AMDD (brenner@state.mt.us) or phone (406) 444-4927.

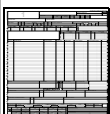
New Medicaid Ambulance Services Manual

The [Ambulance Services Manual](#) has been rewritten and is now available on the provider website. The updated manual reflects changes to the ambulance program and should be your guide to providing and billing these services for Medicaid clients. Please download the new manual and share it with those responsible for billing Medicaid. If you cannot access this information, please contact Provider Relations.

Provider Updates and Program Changes

Effective immediately, the Department has implemented a process where provider manuals and notices will no longer be automatically mailed to Medicaid providers. This decision is due to the current budget situation and will result in significant cost savings to the State. Rather than mailing out individual provider manuals and notices, a listing of recent publications and the date they were published will be in the *Montana Medicaid Claim Jumper*. The *Claim Jumper* will be mailed monthly to keep providers updated on changes in the Medicaid program. Please review the *Claim Jumper* closely for these important notices.

It is the providers' responsibility to be familiar with the Medicaid manuals, fee schedules, and notices for their provider type, as well as other information published in the *Claim Jumper* and on the website. All current notices, fee schedules, manuals, manual replacement pages, and other helpful information are available on the website. If you cannot access this information, please contact Provider Relations. See the back cover of this publication for phone numbers and website address.



ACE\$ Tips

ACE\$ is a Windows-based software package used to electronically submit Montana Medicaid claim types UB-92, CMS1500, dental, pharmacy, and CHIP dental claims. ACS provides the software and technical support free of charge to all providers.

Following are a few tips for operating ACE\$:

- An analog line must be used.
- ACE\$ can not be used while using the Internet.
- All claims need to be classified as 'unbilled' before they are submitted.
- Use the 'enter' key through each field (not the 'tab' key).
- If you are having trouble using ACE\$, please call ACS provider relations for support.

ACE\$ is not HIPAA compliant. This summer ACS will be providing updated software that will be compliant. Providers will be notified when the new software is available, and training sessions will be held for providers to ease their use of the new software.

Sterilization and Premature Deliveries (42CFR441)

In order for Medicaid sterilization claims to process for payment, all Medicaid requirements must be met. Clients who are requesting an elective sterilization must complete and sign the *Informed Consent to Sterilization* (MA-38) form at least 30 days, but not more than 180 days, prior to the sterilization procedure. Clients must be at least 21 years of age when signing the form. This form is the only form Medicaid accepts for elective sterilizations. If the *Informed Consent to Sterilization* form is not properly completed, payment will be denied.

In the case of premature delivery or emergency abdominal surgery, the 30 day waiting period can be waived if at least 72 hours have passed since the client gave informed consent for the sterilization (signed the sterilization form). In the case of premature delivery, the client must have signed the form at least 30 days before the expected date of delivery. The expected date of delivery must be included on this form.

If a non-Medicaid client is requesting a sterilization procedure, and you think the client may become Medicaid eligible, make sure to have the client sign the *Informed Consent to Sterilization* form. Therefore, if the client does become Medicaid eligible, you can then bill Medicaid for the sterilization procedure.

For more information on sterilization requirements, please refer to the [Medicaid Physician Related Services manual, Covered Services chapter, Sterilization section.](#)



TPL Tips

If you are aware that a client's private insurance has been closed, you may contact the TPL Unit and provide them with the information. The TPL unit will verify with the private insurance company that the insurance is no longer valid and close out the client's TPL in the Medicaid system. If you already have a notice of insurance termination, please mail it to the TPL unit and attach your claim.

There may be times that a client has no TPL printed on their Medicaid card, but claims are denying for TPL. This occurs when an eligible Medicaid client at one time had private insurance, but the client lost their Medicaid eligibility and now has regained eligibility. The client no longer has private insurance, but the private insurance is still activated in the Medicaid system. This causes Medicaid to deny claims due to TPL, even if there is no TPL printed on the Medicaid card. Please notify the TPL unit if you come across this situation.

If the primary insurance company denies claims for a Medicaid client, please remember to send the insurance denial along with the **explanation of the reason codes** to the TPL Unit. If the explanation of reason codes is not attached, Medicaid cannot process the other insurance's denial and your claim will be denied.

You can contact the TPL Unit at:

TPL Unit
PO Box 5838
Helena, MT 59604-5838
406-443-1365 (Helena area and out-of-state)
1-800-624-3958

Recent Publications

The following are brief summaries of publications regarding program policy changes since October 1, 2002. For details and further instructions, download the complete notice from the Provider Information website (www.dphhs.state.mt.us/hpsd/medicaid/medpi/medpi.htm). Select *Notices and Replacement Pages*, and then select your provider type for a list of current notices. If you cannot access this information, contact provider relations.

[01/01/02 Multiple Provider 45-day Medicare Crossover Billing Changes](#)

- Providers may not submit Medicare crossover claims to Medicaid before Medicare's 45-day response time
- Exceptions

[01/07/02 Multiple Provider Presumptive Eligibility for pregnant women](#)

- Covered services
- Determining presumptive eligibility

[12/01/02 Physician Related Services](#)

- Effective 01/01/03, all subsequent surgical procedures, except codes that are modifier 51 exempt or add-on codes, will be reimbursed at 50% of the Medicaid allowed amount.
- Mid-level practitioners must bill for services using their own Medicaid ID number.
- A list of several DME codes that are active for physicians, mid-level practitioners and podiatrists.
- A reminder of the vaccines that are covered under the Vaccines for Children Program (VFC). The codes and descriptions are also included.
- Changes in prior authorization procedures.

[01/01/03 Private Duty Nursing Providers PASSPORT approval required](#)

- Effective February 1, 2003, Private Duty Nursing services requires PASSPORT provider approval.

[01/02/03 Mental Health Services Providers](#)

- Mental Health Program Changes. Includes a letter to send to clients.

[01/02/03 Pharmacy Program Changes](#)

- Prior authorization changes

[01/02/03 Pharmacy Manual Replacement Pages](#)

- Replacement pages for the Prior Authorization chapter of the Pharmacy manual

[01/02/03 Prescription Drug Prior Authorization Manual](#)

- The new manual updated with prior authorization changes and brand generics information is available on the Provider Information website.

[01/10/03 Therapy Services Program Changes](#)

- Therapy services limits

[01/10/03 All Provider Notice](#)

- Provider notification procedures changes
- Medicaid changes
- PASSPORT ID number changes

[01/15/03 Dental Services Program Changes](#)

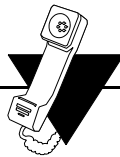
- Effective February 1, 2003, only emergency dental services are available for clients age 21 and over.
- An *Emergency Dental Services Form* is required for these services. This form is available in the *Forms* section of the website.

[01/27/03 Optometric Notice](#)

- Optometric Program Changes.

Montana Medicaid
ACS
P.O. Box 8000
Helena, MT 59604

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Key Contacts

Provider Relations (800) 624-3958 Montana
(406) 442-1837 Helena and out-of-state
(406) 442-4402 fax

Provider Information Website:
<http://www.dphhs.state.mt.us/hpsd/medicaid/medpi/medpi.htm>

FAXBACK (800) 714-0075

Automated Voice Response (800) 714-0060

Point-of-sale Help Desk (800) 365-4944

PASSPORT (800) 480-6823

Direct Deposit (406) 444-5283

Prior Authorization:

DMEOPS(406) 444-0190

Mountain-Pacific Quality Healthcare Foundation (800) 262-1545

First Health (800) 770-3084

Transportation (800) 292-7114

Prescriptions (800) 395-7951